

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33815

State File No. _____

Registration District No. 305

Primary Registration District No. 3058

Registrar's No. 204

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution Hospital 2 days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Ellen Bine

3. (b) If veteran,
name war _____

3. (c) Social Security
No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married.
divorced Married
6. (b) Name of husband or wife Mat Bine 6. (c) Age of husband or wife if
alive 77 years
7. Birth date of deceased Aug. 15 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 21 _____ hr. _____ min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name George Markus

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Tony Bine

(b) Address New Melle, Mo.

17. (a) Burial (b) Date thereof 10-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Mo.

18. (a) Signature of funeral director Marie Munday

(b) Address Wentzville Mo

19. (a) 10-12-48 (b) Francis Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Chesterfield, Mo.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Austria

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
year 48 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from
11/10 1948 to 10/16 1948
that I last saw her alive on 10/5
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage
Due to Tuberculosis of l. lung
Due to _____
Other conditions 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature B. J. Huber (M. D. or other) MD
Address St. Charles Mo Date signed 10/16/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MOTHER FATHER

OCT 25 1948

NO. 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Marvin Muechling

Licensed Embalmer No. *2461*

P. O. Address

Westerville, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.